

LifePlan

Terms and Conditions



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Section A: Introduction

This booklet sets out the *Terms and Conditions* of Your Policy – how it works, what You can expect Us to do, and what We expect You to do.

These *Terms and Conditions* are part of the contract between You and RL360 Insurance Company Limited. The contract is governed by the following documents:

- these *Terms and Conditions*;
- the *Application Form*;
- each Policy Schedule We give You which refers to the Policy details for LifePlan and any endorsements to them;
- the *Key Features* document;
- Your signed Personal Illustration; and
- Our *Investment Guide*.

All of these documents are proof of the terms of the contract and are important. Please keep them in a safe place.

We give this booklet to everyone when they buy a LifePlan. Not only does it give You all the details about the Policy You have bought, it will also give You important information about keeping Your Premiums up to date, what to do if You want to make a change, and how to go about making a claim. It provides details of the Policy Benefits, subject to any Benefit basis shown in Your Policy Schedule.

It can also be used by customers who are thinking about buying a LifePlan and want more detailed information.

In this document We will highlight certain important words with capital letters, these are defined in Section E . Words in *italics* show that this is the name of another document.

Section B: LifePlan Benefits

This list contains an overview of the different Benefits that make up LifePlan.

Life Benefits

What is this?

Primary Life Cover.....	A Benefit that pays out if the relevant Life Assured dies
Term Life Cover.....	A Benefit that pays out if the relevant Life Assured dies during a specified period of time
Terminal Illness Benefit.....	Some life Benefits can be claimed if the relevant Life Assured is diagnosed as terminally ill (subject to conditions and exclusions)
Accidental Death Benefit.....	A Benefit that pays out if the relevant Life Assured dies in an Accident

Illness Benefits

What is this?

Critical Illness Cover.....	A Benefit that pays out if the relevant Life Assured is severely ill (subject to conditions and exclusions)
Term Critical Illness Cover.....	A Benefit that pays out if the relevant Life Assured is severely ill during a specified period of time (subject to conditions and exclusions)
Children's Critical Illness Cover.....	A Benefit that pays out if one or more of the named Relevant Children becomes severely ill (subject to conditions and exclusions)

Other Benefits or features

What is this?

Guaranteed Insurability Option.....	A feature that allows You to increase Your Cover when certain life events happen
Aeroplane Cover.....	A Benefit that pays out if the relevant Life Assured dies in an Air Accident (subject to conditions and exclusions)
Repatriation Benefit.....	A service that provides the relevant Life Assured's Beneficiaries with an advance on the Primary Life Cover to assist in transporting the body of the deceased Life Assured to their Home Country
Waiver of Premium Benefit.....	A Benefit that will pay Your regular Premiums to Us for Your Policy if You become Unfit for Work (subject to conditions and exclusions)
Benefit Indexation.....	A feature that allows You to increase automatically the amount of Cover on the chosen Benefits

Your Policy Schedule states on which of the following bases We provide Cover:

Single Life	There is one Life Assured.
Joint Life First Death	There are two Lives Assured, and when an event described in section B occurs in relation to either of the Lives Assured, the relevant Benefit is payable.
Joint Life Last Death	There are two Lives Assured, and when an event described in section B1.1.1, B4.1.1 and B5.1.1 occurs in relation to the survivor of the Lives Assured, the relevant Benefit is payable.
Joint Life Both Death	There are two Lives Assured, and when an event described in section B occurs in relation to either or both of the Lives Assured, the relevant Benefit is payable.

B1 Life Cover (including Terminal Illness Benefit)

This applies to You if any of the following Benefits are shown on Your Policy Schedule:

- Primary Life Cover
- Term Life Cover

B1.1 When We will pay a claim

B1.1.1 We will pay a claim if the Life Assured dies or is diagnosed with a Terminal Illness during the Term of the Cover.

B1.1.2 After We have paid a claim Your Policy is cancelled and We will not make any further payment, unless Your Policy Schedule shows that Cover is provided on a Joint Life Both Death basis. For Joint Life Both Death cases after We have paid a claim only the Cover for the Life Assured to whom the claim relates is cancelled. After We have paid a claim for both Lives Assured Your Policy is cancelled and We will not make any further payment.

B1.2 How much We will pay

B1.2.1 When the Life Assured is an Adult, We will pay whichever of the following amounts is the greatest:

- a) the amount shown on Your Policy Schedule; or
- b) the amount of Benefit applicable following an increase under section C3.6; or
- c) Your Policy Value.

B1.2.2 On a Children's Plan, when the Life Assured is a Child who has not attained their 6th birthday We will pay whichever of the following amounts is the greater:

a) an amount equal to the Premiums paid by You for the Cover; or

b) Your Policy Value.

B1.2.3 On a Children's Plan, when the Life Assured is a Child who has attained their 6th birthday We will pay whichever of the following amounts is the greatest:

- a) the amount shown on Your Policy Schedule; or
- b) the amount of Benefit applicable following an increase under section C3.6; or
- c) Your Policy Value.

B1.2.4 When additional Cover is provided for a limited period (when Your Policy Schedule includes Term Life Cover) We will pay, in addition to any other amount payable under section B1 of this booklet, the amount shown on Your Policy Schedule if the claim is made within the Term of the Cover shown on Your Policy Schedule.

B1.3 When We will not pay a claim on death

B1.3.1 We will not pay a claim under section B1 if death is:

- a) caused by an Excluded Reason as detailed in section E, clauses (e) and (f); or
- b) a result of an Excluded Cause shown on Your Policy Schedule.

B1.4 When We will not pay a claim on Terminal Illness

B1.4.1 If Your Policy Schedule shows that Term Life Cover is provided We will not pay a claim if the Life Assured is diagnosed with a Terminal Illness within the last 12 months before the end of the Term of the Cover unless the Life Assured dies before the end of the Term of the Cover, when we will pay a claim in accordance with section B1.1.

B2 Critical Illness Cover

This applies to You if any of the following Benefits are shown on Your Policy Schedule:

- Critical Illness Cover
- Term Critical Illness Cover

B2.1 When We will pay a claim

B2.1.1 We will pay a claim if, during the Term of the Cover, the Life Assured is:

- a) diagnosed with any of the Relevant Conditions listed in section E; or
- b) undergoes any of the Relevant Procedures listed in section E; or
- c) diagnosed as having a disability and that diagnosis meets Our definition in section E; or

B2.1.2 After We have paid the claim the Primary Life Cover shown on Your Policy Schedule is reduced by the amount that We have paid, the Critical Illness Cover is cancelled for the Life Assured to whom the claim relates and We will not make any further payment. Where the amount payable under section B2.2 is equal to the aggregate amount of Primary Life Cover the claim will result in the cancellation of Your Policy. The same will apply when Term Life Cover and Term Critical Illness Cover are shown on Your Policy Schedule.

For Joint Life Both Death cases after We have paid a claim only the Cover for the Life Assured to whom the claim relates is cancelled.

B2.2 How much We will pay

B2.2.1 When the Life Assured is an Adult, We will pay whichever of the following amounts is the greatest:

- a) the amount shown on Your Policy Schedule; or
- b) the amount of Benefit applicable following an increase under section C3.6; or
- c) the proportion of Your Policy Value that relates to Critical Illness Cover.

B2.2.2 On a Children's Plan, when the Life Assured is a Child who has not attained their 6th birthday We will pay an amount equal to the Premiums paid for the Critical Illness Cover.

B2.2.3 On a Children's Plan, when the Life Assured is a Child who has attained their 6th birthday We will pay whichever of the following amounts is the greatest:

- a) the amount shown on Your Policy Schedule; or
- b) the amount of Benefit applicable following an increase under section C3.6; or
- c) the proportion of Your Policy Value that relates to Critical Illness Cover.

B2.2.4 When additional Cover is provided for a limited period (when Your Policy Schedule includes Term Critical Illness Cover) We will pay, in addition to any other amount payable under section B2 of this booklet, the amount shown on Your Policy Schedule if the claim is made within the Term of the Cover shown on Your Policy Schedule.

B2.3 When We will not pay a claim

B2.3.1 We will not pay a claim if:

- a) the symptoms of or those leading to the Relevant Condition, Relevant Procedure or Disability in respect of which a claim is being made first manifested themselves before or during the period of 90 days following the later of (i) the date this Cover starts, (ii) the date on which We reinstate Your Policy, as described in section C3.4 and (iii) the date on which Cover under section B2 is added to Your Policy; or

- b) the Life Assured does not meet the definition of Relevant Condition or Disability in section E; or
- c) it is the result of an Excluded Cause shown on Your Policy Schedule; or
- d) when the event is caused by an Excluded Reason as detailed in section E; or
- e) the relevant Life Assured has at any time suffered from AIDS or tests have at any time indicated the presence of HIV or any antibodies to such virus in the relevant Life Assured; or
- f) within 6 months of the relevant Life Assured being diagnosed as being Disabled, or having a Relevant Condition, or undergoing a Relevant Procedure, You have not notified Us in writing that such an event has occurred.

B3 Accidental Death Benefit

This applies to You if Accidental Death Benefit is shown on Your Policy Schedule.

B3.1 When We will pay a claim

B3.1.1 We will pay a claim if the Life Assured dies wholly and exclusively as the result of an Accident within 90 days of that Accident occurring.

B3.1.2 After We have paid a claim Your Policy is cancelled and We will not make any further payment, unless Your Policy Schedule shows that Cover is provided on a Joint Life Both Death basis. For Joint Life Both Death cases after We have paid a claim only the Cover for the Life Assured to whom the claim relates is cancelled. After We have paid a claim for both Lives Assured Your Policy is cancelled and We will not make any further payment.

B3.2 How much We will pay

B3.2.1 We will pay whichever of the following amounts is the greater:

- a) the amount shown on Your Policy Schedule; or
- b) the amount of Benefit applicable following an increase under section C3.6;

B3.3 When We will not pay a claim

B3.3.1 We will not pay a claim if death:

- a) occurs after the relevant Life Assured's 65th birthday; or
- b) is caused by an Excluded Reason as detailed in section E; or
- c) is a result of an Excluded Cause shown on Your Policy Schedule.

B4 Aeroplane Cover

This applies to You if Aeroplane Cover is shown on Your Policy Schedule.

B4.1 When We will pay a claim

- B4.1.1 We will pay a claim if the Life Assured dies as the result of an Air Accident.
- B4.1.2 After We have paid a claim Your Policy is cancelled and We will not make any further payment, unless Your Policy Schedule shows that Cover is provided on a Joint Life Both Death basis. For Joint Life Both Death cases after We have paid a claim only the Cover for the Life Assured to whom the claim relates is cancelled. After We have paid a claim for both Lives Assured Your Policy is cancelled and We will not make any further payment.

B4.2 How much We will pay

- B4.2.1 When the Life Assured is an Adult, We will pay the amount of Cover shown on Your Policy Schedule, or the amount of Benefit applicable following an increase under section C3.6, up to a maximum of USD1 million (or its equivalent in another currency).
- B4.2.2 On a Children's Plan, when the Life Assured is a Child who has not attained their 6th birthday We will pay an amount equal to the Premiums paid by You for the Cover
- B4.2.3 On a Children's Plan, when the Life Assured is a Child who has attained their 6th birthday We will pay whichever of the following amounts is the greater:
- the amount of Cover shown on Your Policy Schedule; or
 - the amount of Benefit applicable following an increase under section C3.6, up to a maximum of USD1 million (or its equivalent in another currency).
- B4.2.4 Where there are multiple Policies written on the same Life Assured, the amount payable shall be the aggregate of the Benefit payable under each individual Policy up to a maximum payment of USD1 million (or its equivalent in another currency).

B4.3 When We will not pay a claim

- B4.3.1 We will not pay a claim if:
- it is caused by an Excluded Reason as detailed in section E; or
 - it is the result of any Excluded Cause shown on Your Policy Schedule; or
 - death occurs after the relevant Life Assured's 95th birthday.

B5 Repatriation Benefit

This applies to You if Repatriation Benefit is shown on Your Policy Schedule.

B5.1 When We will pay a claim

- B5.1.1 When requested, We will pay a claim if the Life Assured dies outside their Home Country.

B5.2 How much We will pay

- B5.2.1 We will pay an advance of USD7,500 (or its equivalent in another currency) which is deducted from the amount that We subsequently pay under section B1.2.

B5.3 When We will not pay a claim

- B5.3.1 We will not pay a claim if death occurs after the relevant Life Assured's 95th birthday.

B6 Waiver of Premium Benefit

This applies to You if Waiver of Premium Benefit is shown on Your Policy Schedule. References to "Premiums" in this section are to the Premiums which are described in section C3.

B6.1 When We will pay a claim

- B6.1.1 We will pay a claim only if the first Life Assured (as shown on Your Policy Schedule) is unable pay Premiums after being Unfit for Work for more than 6 months.

B6.2 How much We will pay

- B6.1.2 We will meet the cost of all regular Premiums to be paid by You under Your Policy except for any amount by which Your regular Premiums have increased in the 12 months before the claim unless the increase is made because section C3.6 applies to Your Policy.

B6.3 When We will not pay a claim

- B6.3.1 We will not pay a claim if:
- the first Life Assured has reached their 65th birthday; or
 - the Term during which You pay regular Premiums has ended; or
 - a Premium for the Policy has not been paid, other than under section C3.5; or
 - it is as the result of any Excluded Cause shown on the Policy Schedule; or
 - the relevant Life Assured has at any time suffered from AIDS or tests have at any time indicated the presence of HIV or any antibodies to such virus in the relevant Life Assured; or

- f) the relevant Life Assured has changed their Occupation or become unemployed without informing Us immediately prior to the occurrence of the relevant event; or
- g) the illness or Accident which has resulted in the Life Assured becoming Unfit for Work was caused by or resulted from pregnancy and occurred during pregnancy or within the period of 2 months following confinement; or
- h) the Accident which has resulted in the Life Assured being Unfit for Work occurred, or the symptoms of or those leading to the illness which resulted in the Life Assured being Unfit for Work, manifested themselves before or during the period of 90 days following the later of (i) the date this Cover starts, (ii) the date on which We reinstate Your Policy, as described in section C3.4, and (iii) the date upon which Waiver of Premium Benefit commences, if added to Your Policy after the Start Date; or
- i) prior to the date upon which Waiver of Premium Benefit commences, the Premium payment Term explained in section C3.1.2 has expired or Your Policy has become Paid Up as explained in section C3.3.8; or
- j) the event is caused by an Excluded Reason as detailed in section E.

B6.4 When We will stop making payments

B6.4.1 We will stop making payments when:

- a) the Life Assured has reached their 65th birthday; or
- b) You reach the end of the Term during which You pay regular Premiums; or
- c) the Life Assured is no longer Unfit for Work; or
- d) the Life Assured starts Work; or
- e) the Life Assured dies.

B7 Children's Critical Illness Cover

This applies to You if Your Policy Schedule shows that Your Policy includes Critical Illness Cover, which is referred to as the 'Main Cover' in the rest of this section.

Payment of Children's Critical Illness Cover does not affect the amount of any Main Cover. The names and dates of birth of all children covered are shown on Your Policy Schedule.

If Your Main Cover is cancelled or comes to the end of its Term, Children's Critical Illness Cover no longer applies.

B7.1 When We will pay a claim

B7.1.1 We will pay a claim when a Relevant Child named on the Policy Schedule:

- a) is diagnosed with any of the Relevant Conditions listed in section E; or
- b) undergoes any of the Relevant Procedures listed in section E; or
- c) is diagnosed as Disabled and the diagnosis meets Our definition in section E.

B7.2 How much We will pay

B7.2.1 We will pay the amount of Children's Critical Illness Cover shown on Your Policy Schedule.

B7.2.2 If Your Policy includes more than one Main Cover:

- a) The Benefits described in this section apply to the total amount of Children's Critical Illness Cover, and We will make only one payment for any Relevant Child.
- b) We will make a maximum of three payments for Children's Critical Illness Cover, and only one payment for each Relevant Child.

B7.3 When We will not pay a claim

B7.3.1 We will not pay a claim if:

- a) the symptoms of or those leading to the Relevant Condition, Relevant Procedure or Disability in respect of which a claim being made first manifested themselves before or during the period of 90 days following the later of (i) the date this Cover starts (ii) the date on which We reinstate Your Policy, as described in section C3.4 and (iii) the date on which Cover under section B2 is added to Your Policy; or
- b) it is the result of any existing condition or related condition that You knew about when the Relevant Child first became covered by the Policy; or
- c) it is the result of a congenital illness or condition; or
- d) the Relevant Child dies within 28 days of the diagnosis of the Relevant Condition or Disability, or having undergone a Relevant Procedure; or
- e) the Relevant Child is over the age of 18 years; or
- f) the Relevant Child's diagnosis does not meet the definition of Relevant Condition, Relevant Procedure or Disability in section E; or
- g) it is the result of intentional self-inflicted injury; or
- h) the event is caused by an Excluded Reason as detailed in section E; or
- i) Your Main Cover has been cancelled or has come to the end of its Term.

Section C: Operating Your Policy

C1 Your changes

C1.1 Telling Us about Your changes

C1.1.1 Please remember to tell Your Representative to advise Us if You or any Life Assured changes any of the following:

- name
- address
- country of residence
- Occupation
- bank account

If You are no longer in contact with Your original Representative You can contact Us using the contact details shown in Section D23 of this booklet and We will advise You about any documents We may need from You to update Our records.

C2 How to make a claim

C2.1 What You should do

C2.1.1 If You, or Your Representative, think that You have a valid claim on Your Policy, You or they should:

- a) notify Us in writing or by email using the contact details shown in Section D23 of this booklet; and
- b) fill out the claim form that We will send You and send this back to Us with any other documents We request; and
- c) continue to make Your Premiums (as appropriate).

C2.1.2 All diagnoses must:

- a) be made by a suitably qualified and licensed doctor who is acting within the scope of that licence, employed at a hospital and who is a specialist in an area of medicine appropriate to the cause of the claim; and
- b) be the first and unequivocal diagnosis of Terminal Illness, a Relevant Condition or Disability and be confirmed by Our chief medical officer.

C3 Your Premiums for Your Policy

C3.1 Paying regular Premiums for Your Policy

C3.1.1 First regular Premium

Your first regular Premium becomes payable on the Start Date of Your Policy. We will collect this by any means that We have agreed with You on or shortly before the Start Date of Your Policy.

C3.1.2 Premium payment Term

The Term during which You will pay regular Premiums is shown on Your Policy Schedule.

C3.1.3 Frequency of regular Premiums

You may pay Your Premiums for Your Policy:

- monthly;
- quarterly;
- semi-annually; or
- annually.

C3.1.4 You must pay regular Premiums at the payment frequency shown on Your Policy Schedule for the period of the payment Term. Each Premium is payable at the chosen payment frequency on the same day of the month as Your Policy Start Date.

C3.1.5 You may ask Us to change the frequency at which regular Premiums are payable. If We agree the change will only become effective from the day in the year which is the next anniversary of Your Policy Start Date.

C3.1.6 All regular Premiums that fall due under Your Policy must be paid in the currency specified in Your Policy Schedule.

C3.1.7 Lengthening and shortening Your Premium payment Term

You may ask Us to lengthen or shorten the Term during which You pay regular Premiums for Your Policy. You must write to Us at the address in section D23 at least 28 days before the date on which You want the change to Your Premium payment Term to become effective.

We will refuse Your request if:

- a) Your Premium payment Term would end less than 5 years after Your Policy Start Date; or
- b) You would need to make regular Premiums after Your 95th birthday.

C3.2 Paying single Premiums for Your Policy

C3.2.1 If You pay Your regular Premiums described in section C3.1 You may also pay single Premiums for Your Policy.

C3.3 Buying Units with Your Premiums

C3.3.1 Your Premiums buy Units in Your chosen Funds.

C3.3.2 Nil allocation period

During the first 24 months after the Start Date of Your Policy none of Your regular Premiums will be used to buy Units. If You increase Your regular Premiums under section C3.6 or for any other reason, none of the increased amount of Your regular Premiums will be used to buy Units during the first 24 months after the increase is effective.

C3.3.3 How many Units do Your Premiums buy?

After the nil allocation period the amount of each Premium which is used to buy Units changes depending on:

- a) whether it is a regular Premium or a single Premium; and
- b) how close to the Start Date of Your Policy, or the date of increase, the Premium is paid.

C3.3.4 Your Policy Schedule shows:

- a) the amount of Your Premiums which will be used to buy Units; and
- b) the Fund or Funds in which You have initially chosen to buy Units; and
- c) where You have chosen more than one Fund, how Your Premiums will be split between them.

C3.3.5 How many Funds can You choose?

You can choose to split Your Premiums between a maximum of 5 Funds. You can ask Us to change the Fund or Funds in which Your Premiums buy Units.

C3.3.6 Switching Units in Funds

Once Your Premiums have bought Units in a Fund, You may ask Us to switch them for Units in a different Fund.

C3.3.7 How much are Your Units worth?

We will tell You how much Your Units are worth annually.

C3.3.8 What happens if You do not pay Your Premiums?

If a regular Premium for Your Policy remains unpaid for more than 30 days from the date when it is payable, We may cancel or make Your Policy Paid Up. Making Your Policy Paid Up means that You will still remain covered by the Policy while the Policy Value remains sufficient to meet Our charges, which are described in section D1, but if You would like to resume paying regular Premiums after this date, all outstanding regular Premiums must be made to Us. If You have stopped paying regular Premiums and Your Policy Value falls below the Minimum Policy Value which applies at that time, We may cancel Your Policy and You will no longer be covered.

C3.3.9 Termination of a Fund

Where a Fund is closed, withdrawn, or the Company determines that it should no longer be available for investment, the Company will contact the Policyholder and advise accordingly. The Policyholder will then have 60 days to inform the Company of an alternative Fund into which the value

held in the terminating Fund should be switched. In the absence of any such advice or instruction within the 60 day period, the Company will, wherever possible, effect a switch into an alternative Fund of the Company's choosing.

C3.4 Reinstatement of Your Policy

C3.4.1 If We cancel Your Policy or make it Paid Up because You did not pay Your regular Premium, You may ask Us to reinstate Your Policy within 13 months from when Your Premium was due. When You ask We will tell You what We need to reinstate Your Policy. There may be times when We are not able to reinstate Your Policy. If this happens, We will explain Our decision to You.

C3.5 Premium Holiday

C3.5.1 You can request a Premium Holiday of up to 24 months for Your Policy if:

- a) You have paid all Premiums due to Us for Your Policy; and
- b) Your Policy Value is at least double the amount of the Premiums that You pay each year for Your Policy; and
- c) more than 24 months have passed since You last suspended regular Premiums

C3.5.2 Your Premium Holiday can last for 12 months or 24 months from the anniversary of Your Policy Start Date. After that period You must restart paying Your regular Premiums; if You are unable to do so Your Policy will be Paid Up or cancelled.

C3.5.3 If You suspend regular Premiums any increasing Cover and increasing regular Premiums applicable to Your Policy under section C3.6 will also be suspended.

C3.5.4 You must write to Us at the address in section D23 at least 28 days before suspending regular Premiums stating when You would like the Premium Holiday to start and finish.

C3.6 Indexation

C3.6.1 On each anniversary of Your Policy Start Date Your Premium for any increasing Cover or increasing regular Premiums will increase. The percentage rate of the increase is shown on Your Policy Schedule.

C3.6.2 The first increase will take place on the first anniversary of Your Policy Start Date.

C3.6.3 We will tell You how much the increase is at least 1 month before the increase takes effect. If You do not want Your amount of Cover or regular Premium to increase, You must tell Us at least 28 days before the increase is due to take effect and We will cancel the increase. If We cancel the increase no further increases will be permitted.

C3.6.4 Increases to Your regular Premiums will cease:

- a) 5 years before the date of Your last regular Premium as shown on Your Policy Schedule; or
- b) on Your 90th birthday if regular Premiums cease on Your death; or
- c) in the event of a valid claim for Waiver of Premium Benefit or Critical Illness Cover.

C3.6.5 Increases to Your Cover will only be made if You make increases to Your regular Premiums each year.

C3.6.6 Only the following types of Cover or Benefit may increase annually:

- a) Primary Life Cover;
- b) Critical Illness Cover;
- c) Accidental Death Benefit;
- d) Aeroplane Cover; and
- e) Waiver of Premium Benefit,

unless the Cover or Benefit in question has reached the maximum level permitted by Us.

C3.6.7 Increases to Your amount of Cover will cease on Your 90th birthday, or in the event of a valid claim for Waiver of Premium Benefit or Critical Illness Cover.

C4 Payments from Your Policy

C4.1 When You want to take money from Your Policy

C4.1.1 You may withdraw a minimum of USD1,500 (or its equivalent in another currency) from Your Policy.

C4.1.2 You may not take money from Your Policy if:

- a) less than 2 years have passed since Your Policy Start Date; or
- b) Your Policy Value would be at or below the Minimum Policy Value after the payment to You; or
- c) We have been told about an event which may lead to a claim under section B of this booklet; or
- d) We delay the sale of Units under section C4.2.3.

C4.1.3 If We pay a claim under section B of this booklet less than 2 years after You have taken money from Your Policy, We may reduce how much We pay for the claim by the amount that You have taken from Your Policy.

C4.2 How We make payments from Your Policy

C4.2.1 Method of payment

We will make all payments by any method We agree with You.

C4.2.2 How We sell Units

We meet the cost of making payments under Your Policy by selling Units in the Fund or Funds in which Your Policy has been invested. If Your Policy is invested in more than one Fund, the number of Units that We sell in each Fund is in proportion to the amount of Your Policy which is invested in each of those Funds.

C4.2.3 When We delay the sale of Units

We will not be able to make a payment if We have to delay the sale of Units because We cannot find out their price or because circumstances prevent the Fund from valuing its assets or redeeming Units. We will let You know if this happens. We do not have to pay interest to You if a payment is delayed.

C4.3 When You want to cash in Your Policy

C4.3.1 You may cash in Your Policy at any time

If You cash in Your Policy it will be cancelled, Benefits will cease and We will not make any further payment.

C4.3.2 How much We will pay You

We will pay You the Policy Value which applies at that time.

C5 Changing Your Policy

C5.1 Reducing regular Premiums

C5.1.1 You may ask Us to reduce the amount of Your regular Premiums. If We agree You will start to pay lower regular Premiums from the next anniversary of Your Policy Start Date. You must write to Us at the address in section D23 at least 28 days before the anniversary of Your Policy Start Date from which You want the reduction to be effective.

C5.1.2 If You reduce Your regular Premiums, You will not be able to increase Your Cover or regular Premiums through Indexation under section C3.6 of this booklet.

C5.2 Guaranteed Insurability Option

C5.2.1 If Your Policy Schedule states that the Guaranteed Insurability Option applies, Your Policy was accepted on standard terms, and subject to satisfactory evidence being supplied to Us, You can increase Your Primary Life Cover between the ages of 18 and 55, after the following events:

C5.2.2 Marriage

You can increase Your Cover on one occasion but the maximum increase is limited to whichever of the following amounts is lower:

- a) half of the current level of Cover, or
- b) up to USD75,000 (or its equivalent in another currency).

C5.2.3 Birth or adoption of a Child

You can increase Your Cover on two occasions but the maximum increase for each event is limited to whichever of the following amounts is lower:

- a) quarter of the current level of Cover, or
- b) up to USD37,500 (or its equivalent in another currency).

C5.2.4 The increase in Cover will:

- a) be on the terms for the relevant Life Assured which applied at the date the original Cover started or at any subsequent reinstatement under section C3.4; and
- b) have a Term no longer than the remaining Term of the original Cover and no shorter than the minimum Term We offer for that Cover at that time; if the remaining Term of the original Cover is less than the minimum Term, You will not be able to use this option; and
- c) include the same additional features as the original Cover.

C5.2.5 We will base Your Premium for the new Cover on:

- a) the underwriting terms which applied at the date the original Cover started or at any subsequent reinstatement under section C3.4; and
- b) the age of the Life Assured at the date the increase in Cover starts; and
- c) the Premium rates and Policy charge (please see section D1) at the date the increase in Cover starts.

C5.3 Fresh Start

C5.3.1 You can use this option if You and Your partner have taken out a Policy on a joint life basis and You and Your partner are the Lives Assured. You can convert Your Policy into two individual single life Policies if You and Your partner separate.

C5.3.2 The Cover for each Life Assured under the new Policies must be the same as the Cover each person had under the old Policy.

C5.3.3 The new Cover will:

- a) be on the Terms and Conditions that We offered at the date the original Cover started; and
- b) have a Term no longer than the remaining Term of the original Cover and no shorter than the minimum Term We offer for that Cover at that time; if the remaining Term of the original Cover is less than the minimum Term, You will not be able to use this option; and

- c) include the same additional features, extra Premiums or exclusions as the original Cover; and
- d) have an amount of Cover no more than the amount of the original Cover at the date You request this option.

C5.3.4 We will base the Premium for the new Cover on:

- a) the terms for the relevant Life Assured which applied at the date the original Cover started or at any subsequent reinstatement under section C3.4; and
- b) the Premium rates and Policy charge (please see section D1) at the date the original Cover started; and
- c) the age of the relevant Life Assured at the date the original Cover started.

C5.3.5 We will need both You and Your partner to agree to use this option.

C5.3.6 You must complete an Application Form, which We will send to You. There will be times when We either cannot offer You this option or need to change the terms We offer because of the information on the Application Form. We will explain Our decision to You if this is the case.

C5.4 Changing Your Policy in other ways

C5.4.1 You can ask Us to change Your Policy in other ways at any time when two years have passed from Your Policy Start Date. For example You may want to add a new Cover or reduce an existing Cover. Please note We may need to ask the Life Assured for new medical evidence. We will tell You what We need when You tell Us how You want to change Your Policy.

C5.5 Maximum limits to Cover

C5.5.1 Where there are multiple Policies written on the same Life Assured, the total amount of each type of Cover provided by all of those Policies cannot exceed the maximum level that We set for each type of Cover.

C5.6 Currency exchange rates

C5.6.1 Premiums for Your Policy must be paid in the same currency as that in which Your Policy is denominated. All the Benefits under Your Policy will also be denominated and paid in that currency.

C5.6.2 Where You choose to invest into a Fund which is priced in a different currency from Your Policy, We will use a commercial exchange rate applicable at the effective date of the transaction.

Section D: General Terms and Conditions

D1 Charges

- D1.1 The charges which apply to Your Policy are set out in Your *Key Features* document. We meet the cost of paying all charges, fees and penalties under Your Policy by selling Units in which Your Policy has been invested.
- D1.2 Each month We will charge the cost of providing the Benefits and Covers shown on Your Policy Schedule and the level of Our expenses in respect of Your Policy. Payment for these costs and expenses will be made by selling Units, as explained in section C4.2.2.
- D1.3 During the nil allocation period, which is explained in section C3.3.2, charges deducted from Your Policy are treated by Us as a negative balance, which We will begin to reduce when You make regular Premiums after the nil allocation period has ended.
- D1.4 We retain the right to vary any of the charges described above, should the costs of providing the Cover and Benefits change. We will inform you in writing a minimum of 2 months before any such change takes effect.

D2 Policy Value

- D2.1 When We know how much a Unit is worth in all of the Funds in which Your Premiums have been invested We can work out Your Policy Value. We do this by multiplying the number of Units that You hold in each Fund by the most recent value of a Unit in that Fund.
- D2.2 We work out Your Policy Value after We have been notified of a claim, when We have to make a payment to You, when We take charges, when We produce valuations or annual statements and at any other time that We think is necessary.

D3 Minimum Policy Value

- D3.1 If Your Policy Value falls below the Minimum Policy Value more than three years after Your Policy started We may pay You Your Policy Value. Your Policy will be cancelled and We will not make any further payment.

D4 Risk

- D4.1 Both Internal and External funds will have some form of risk attached to them. We will not be responsible for the performance of any Funds linked to Your Policy and We will not pay compensation to You should they fall in value, or have no value at all. Where the provider of a Fund linked to Your Policy becomes Insolvent or is unable to meet its liabilities for any reason, Your Policy will suffer the loss.

D5 Policy review

- D5.1 We may at Your request (provided that more than 5 years have passed from the Start Date of Your Policy) and at any other time that We think necessary review the sustainability of Cover and Benefits provided by Your Policy.

D6 Nomination of Beneficiaries

- D6.1 Before We pay a claim under section B You may nominate in writing up to 4 Beneficiaries under the Policy and the proportions in which they will receive any payments made by Us.
- D6.2 A Beneficiary nominated by You will lose their entitlement to any payment from Us if:
- a) We receive written notice of assignment as required by section D6; or
 - b) before an event when We pay a claim under section B You send written notice to Us that a Beneficiary's nomination is revoked; or
 - c) the Beneficiary dies before You do; or
 - d) You cash in Your Policy under section C4.3; or
 - e) We cannot find a Beneficiary after making reasonable enquiries to locate them.

D7 Notices of assignment

- D7.1 If You assign any of Your legal rights under Your Policy to someone else, We must see notice of the assignment. This notice must be sent to the address in section D23. The Policy may only be assigned in its entirety.
- D7.2 Your Policy can be reassigned to You or someone else, subject to Us receiving written instructions from the person or organisation to whom it had been assigned that they have reassigned it in its entirety.

D8 Suicide

- D8.1 If any claim for a Benefit arises by virtue of the suicide or attempted suicide of a Life Assured (whether sane or insane at the time) within 1 year of the Start Date or within 1 year of the date on which We reinstate Your Policy, as described in section C3.4, the amount payable in respect of any claim and all Benefits shall be limited to Your Policy Value at that time.
- D8.2 If any claim for a Benefit arises by virtue of the suicide or attempted suicide of a Life Assured (whether sane or insane at the time) within 1 year of the date on which You increase the level of Cover for the relevant Life Assured for any reason other than under section C3.6, the amount payable in respect of any claim and all Benefits shall be limited to Your Policy Value at that time.

D9 Active war risk

- D9.1 If the event on the occurrence of which a Benefit is payable is as a consequence of the Life Assured's active involvement in war, hostilities or war-like operation (whether war is declared or not), civil war, mutiny, civil commotions assuming the proportions or amounting to a popular uprising, military rising, insurrection, rebellion, riot, military or usurped power or any action of any person acting on behalf of or in connection with any organization actively directed towards the overthrow of any government or ruling body by force, terrorism or violence then no amount will be payable under this Policy in respect of the claim.
- D9.2 There is no exclusion for passive war risks. This means that if the Life Assured were the innocent victim of an act of war or terrorism then We would consider the claim.

D10 Incontestability

- D10.1 We will not contest any claim for a Benefit by the person or persons properly entitled to make such claim except on the grounds of non-disclosure or misrepresentation.

D11 Criminal acts

- D11.1 If any claim for a Benefit arises from the direct or indirect consequence of any act of the Life Assured which is deliberate and in material violation of the law of any jurisdiction, then no amount will be payable under this Policy in respect of the claim.

D12 Time limits for claims

- D12.1 All claims should be submitted within 6 months of the claimable event. Failure to notify Us within this time may result in Us declining to pay the claim.

D13 Discretion

- D13.1 Acceptance of increases or reductions in Premiums or Benefits is at Our discretion, and is subject to the *Terms and Conditions* applicable at the time.

D14 Exceptional transactions

- D14.1 We reserve the right to make a charge for any exceptional transactions that You might request. If We do so then We will advise You in writing before We deduct such a charge from Your Policy.

D15 Contract

- D15.1 The contract between You and RL360 Insurance Company Limited consists of these *Terms and Conditions*, as amended from time to time, the *Application Form*, each Policy Schedule We give to You which refers to the Policy details for LifePlan and any endorsements to them, the *Key Features* document We have given to You, Your signed Personal Illustration and Our *Investment Guide*. Where there is a conflict between the terms set out in this booklet and any of the terms set out in Your Policy Schedule, the terms set out in Your Policy Schedule will prevail.

D16 Mis-statement of information

- D16.1 If when You took out the Policy We were told incorrect information about the Life Assured or important information was not given to Us We may ask You to alter the amount of the Premiums that You make to Us, We may reduce the amount which We pay for a claim below the level set out in section B of this booklet, or We may cancel Your Policy.

D17 Change or loss of Occupation

- D17.1 If Waiver of Premium Benefit is shown on Your Policy Schedule You need to tell Us if the first Life Assured (as shown on Your Policy Schedule) changes their Occupation or becomes unemployed.
- D17.2 Where We have received notification that the first Life Assured's current Occupation has changed, We may at Our sole discretion:
- a) substitute that new Occupation as the first Life Assured's current Occupation for the purposes of Your Policy; or
 - b) substitute that new Occupation as the first Life Assured's current Occupation for the purposes of Your Policy subject to such conditions that We specify; in this case We shall notify You in writing and You must, within a period specified by Us, confirm in writing acceptance of those conditions, failing which the Waiver of Premium Benefit will cease; or
 - c) refuse to substitute that new Occupation as the first Life Assured's current Occupation, where such Occupation would be high risk and unacceptable to Us, in which case the Waiver of Premium Benefit will cease.

D18 Force majeure

D18.1 No liability shall arise under the Policy if We are prevented from fulfilling Our obligations by reason of any supervening event beyond Our control (including, without limit, any Act of God, war, national emergency, fire, flood, strike or industrial action).

D19 Changes to Policy

D19.1 We have issued this Policy on the basis of Our understanding of current Isle of Man law as it relates to Us, Our assets, Our investment activities and all applicable Isle of Man taxation laws and regulations.

D19.2 Acting on professional actuarial advice, We may require the Policy to be terminated in full or We may make such alterations to the *Terms and Conditions* as We consider appropriate if it ceases to be reasonably practicable for Us to comply with the *Terms and Conditions* or to fulfil any legal, regulatory or other official requirements applicable to Us, the Policy or You as a result of:

- a) any change (introduced, enacted or proposed) to any such legal, regulatory or other official requirements or a change in the interpretation or application of any such requirements or compliance with any request from any government, statutory or regulatory agency or authority; or
- b) if the basis of taxation which applies to the Policy changes; or
- c) if there is any other change in circumstances which increases the cost to Us of maintaining the Policy or affecting Our ability to fulfil Our obligations under the Policy.

D19.3 In the event that We terminate a Policy as a result of the foregoing provisions, You will be deemed to have made a request to cash in the Policy in full in accordance with section C4.3 and We will make payment to You on that basis.

D19.4 In addition, acting on professional actuarial advice, We may alter the *Terms and Conditions* in any way which it is advised is necessary or desirable to benefit the administration of the Policy.

D20 Permitted deductions

D20.1 If We are required by law to pay any amount concerning the Policy to any government, statutory or regulatory agency or authority (including a levy imposed on Us as a result of the Isle of Man Life Assurance (Compensation of Policyholders) Regulations 1991), We may deduct the amount to be paid from the Policy by the cancellation of Units.

D21 Law

D21.1 The laws of the Isle of Man govern this Policy and the Isle of Man courts will have exclusive jurisdiction in relation to all disputes.

D22 Data protection

D22.1 Any data you provide to the Company may be shared, if allowed by law, with other companies both inside and outside of the Company’s Group and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and the Company may be required to provide it to its regulator, its government or anyone else required by law.

D22.2 The Company will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. The Company will, at all times, make sure that your data and information is only used in ways that are allowed by law.

D22.3 The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information the Company holds about you.

D22.4 For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

D23 Contact details

D23.1 Postal address RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Telephone..... +44 (0) 1624 681682
(telephone calls may be recorded)

Email csc@rl360.com

D24 Rights of third parties

D24.1 No term of this Policy is enforceable under the Contracts (Rights of Third Parties) Act 2001 by a person who is not party to this contract but this does not affect any right or remedy of a third party which may exist or be available otherwise than under that Act.

D25 Tax

D25.1 RL360° will not be responsible for any tax liability that may arise in connection with Your investment with Us as a result of your current (or any future) country of residence, citizenship or as a result of any transactions that You may instruct Us to carry out.

Section E: Definitions of the words We use

Accident

A bodily injury resulting directly from external, violent, visible and accidental means.

Accidental Death Benefit

The Benefit which is described in section B3 of this booklet.

Act of God

Any kind of happening, occurrence or event that transpires due to natural causes. Such acts may include earthquakes, storms, hurricanes, and cyclones.

Activities of Daily Living

Means each of the following:

Transfer & Mobility – the ability to move from one room to an adjoining room or from one side of a room to another or to get in or out of bed or a chair without requiring the physical assistance of another person;

Continence – the ability voluntarily to control bowel and bladder functions such as to maintain personal hygiene;

Dressing – putting on and taking off all necessary items of clothing without requiring the assistance of another person;

Toileting – getting to and from the toilet, transferring on and off the toilet and associated personal hygiene; and

Eating – all tasks of getting food into the body once it has been prepared.

Adult

A person over the age of 18 years.

Aeroplane Cover

The Benefit which is described in section B4 of this booklet.

AIDS

For the purposes of this Policy the definition of Acquired Immune Deficiency Syndrome shall be that used by the World Health Organisation at the time a claim is made.

Air Accident

An Accident which occurs when the Life Assured is travelling as a fare-paying passenger on an aeroplane, which is involved in an accidental aeroplane crash, and which is operated by a commercial airline travelling on a scheduled route or a route operated by an established charter service and flying to and from registered airfields.

Applicant

The person or persons who apply for a LifePlan.

Application Form

The *Application Form* accepted by the Company which forms part of Your contract with Us.

Beneficiary

A person nominated by You to receive all or part of any Benefit/s payable on death of the relevant Life Assured.

Benefit or Cover

These two terms are interchangeable and effectively mean the same thing, namely a benefit or cover provided under Your Policy or Policies as described in section B.

Child

A person under the age of 18 years attained.

Children's Plan

A Policy that is taken out where the Life Assured is a Child.

Critical Illness Cover

The Benefit which is described in section B2 of this booklet.

Children's Critical Illness Cover

The Benefit which is described in section B7 of this booklet.

Company

RL360 Insurance Company Limited.

Disability

Total & Permanent Disability - for the purposes of this condition (if the relevant Life Assured is under age 65 at the time when, for the purposes of this Policy, the Disability is deemed to have commenced), the Life assured must be medically certified (by a medical practitioner approved by the Company) to be unable to ever again to follow any occupation or employment for profit or reward.

Long Term Care - if the relevant Life Assured is over age 65 at the time when, for the purposes of this Policy, the Disability is deemed to have commenced, the Loss of Independent Existence (please refer to the definition of 'Relevant Condition' below) resulting in the Permanent inability of the Life Assured to perform at least 3 of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for Disabled persons.

Excluded Cause

A specific reason detailed on Your Policy Schedule, which limits the terms of Cover.

Excluded Reasons

When the event leading to a claim under Your Policy is caused:

- by or in consequence of injury which is self inflicted or in any way deliberately caused by the relevant Life Assured; or
- by excessive consumption by the relevant Life Assured of alcohol or taking of poisons or drugs except as prescribed by a qualified medical practitioner; or

- c) by participation of the relevant Life Assured in a hazardous sport or pursuit, including (but without limiting the generality of the foregoing) mountaineering, underwater diving, speed contests of any kind, parachuting or skydiving or in any form of aviation other than as a fare paying passenger travelling on a scheduled route or a route operated by an established charter service and flying to and from registered airfields; or
- d) as a consequence of the Life Assured's active involvement in war, hostilities or war-like operation (whether war is declared or not), civil war, mutiny, civil commotions assuming the proportions or amounting to a popular uprising, military rising, insurrection, rebellion, riot, military or usurped power or any action of any person acting on behalf of or in connection with any organization actively directed towards the overthrow of any government or ruling body by force, terrorism or violence; or
- e) by direct or indirect involvement of the relevant Life Assured in the illegal production of, use or abuse of and/or dealing in, drugs, chemicals or any substances which are controlled or deemed illegal by any government or other authority having jurisdiction over the use of such drugs, chemicals or substances in any relevant jurisdiction; or
- f) by direct or indirect involvement in activities of an illegal or criminal nature either perpetrated by the relevant Life Assured alone or with other persons; or
- g) as a result of the failure of the relevant Life Assured to take medical advice or to follow treatment recommended by a medical practitioner.

Fresh Start

The name of the process used for separating a Joint Life Policy into two Single Life Policies as explained in section C5.3. This is subject to a number of criteria and the mutual agreement of all parties.

Fund

A Fund listed in the Investment Guide, or any other Fund We may make available.

Guaranteed Insurability Option

The ability to increase the sum assured for Primary Life Cover by specific amounts relevant to particular life events, without additional underwriting being necessary as explained in section C5.2.

HIV

Human Immunodeficiency Virus.

Home Country

A country other than the one in which the relevant Life Assured dies and to which the deceased Life Assured is repatriated.

Indexation

A process by which the Premium and/or Benefits increase each year by an agreed percentage as explained in section C3.6.

Insolvent

When a company is unable to meet its liabilities.

Investment Guide

Our *Investment Guide*, which sets out details of the Funds in which You may invest Your Policy.

Irreversible

Any medical condition which cannot reasonably be improved upon by medical treatment and/or surgical procedures at the time of claim.

Joint Life Both Death

See section B for definition and scope.

Joint Life First Death

See section B for definition and scope.

Joint Life Last Death

See section B for definition and scope.

Key Features

A document given to the Applicants at the time they apply for the Policy which explains the main features of LifePlan and how it works.

Life or Lives Assured

The person or people whose lives or health are covered under the Policy. The details are shown in the Policy Schedule, which also specifies who the first Life Assured is.

Minimum Policy Value

The lowest Policy Value permitted by Us at any given time.

Occupation

The Life Assured's trade, profession or type of Work undertaken for profit or pay. It is not a specific job with any particular employer and is independent of location.

Paid Up

Making Your Policy Paid Up means that You will still remain covered by the Policy while the Policy Value remains sufficient to meet Our charges

Permanent

Expected to last throughout life without prospect of improvement, irrespective of when the Cover ends or the Life Assured retires.

Personal Illustration

The illustration of projected Benefits based on a specified Premium. This is a document produced by the RL360° illustration system that is submitted with Your application and is signed by the Applicants. It must contain the same information that is submitted on the associated *Application Form*.

Policy/ies

Means the Policy/ies of assurance set out in the Policy Schedule.

Policy Owner

Means the owner or owners of the Policy specified in the Policy Schedule or the survivor of them (if there is more than one owner) or the successors in title of the owner or owners (if there is no survivor), or if applicable, the assignees of the Policy.

Policy Schedule

The document issued to You when the Policy is placed on risk. It details all the Benefits, Covers, Life or Lives Assured, Premiums, appropriate conditions and exclusions.

Policy Value

The value of Your Policy, which is determined by Us as described in section D2 of this booklet.

Premium

An amount of money which is payable by You to Us for the Term and at the frequency specified on Your Policy Schedule.

Premium Holiday

A period of time when, subject to Our prior agreement, Premiums are not required to be paid to the Policy, as explained in section C3.5. This is a specific period of time and is subject to specific criteria.

Primary Life Cover

The Benefit which is described in section B of this booklet.

Relevant Child/Children

For Children's Critical Illness Cover in section B7 of this booklet means:

- a) a natural Child of a Life Assured, between the ages of 1 year and 18 years attained;
- b) any Child who is legally adopted by a Life Assured, between the ages of 1 year and 18 years attained; and
- c) any Child who resides with and is financially dependent on the Life Assured, between the ages of 1 year and 18 years attained,

and who is shown on Your Policy Schedule.

Relevant Condition

Blindness – Permanent and Irreversible

Permanent and Irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

Cancer – excluding less advanced cases

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

The term malignant tumour includes leukaemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- All Cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - Cancer in situ;
 - having either borderline malignancy; or
 - having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin Cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

Coma – resulting in Permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems for a continuous period of at least 96 hours; and
- results in Permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

Coma secondary to alcohol or drug abuse.

Deafness – Permanent and Irreversible

Permanent and Irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

Heart attack – of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- Typical clinical symptoms (for example, characteristic chest pain).
- New characteristic electrocardiographic changes.
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
 - Troponin T > 1.0 ng/ml
 - AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes including but not limited to angina.

Kidney failure – requiring dialysis

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.

Loss of Independent Existence

A Loss of Independent Existence means that in the opinion of Our chief medical officer the Life Assured is:

1. Permanently Disabled by reason of mental incapacity. For the purposes of this condition mental incapacity means that the Life Assured is suffering from
 - an organic brain disease or brain injury or benign brain tumour which affects the Life Assured's ability to reason and understand, and
 - the mental incapacity has deteriorated to the extent that continual supervision of the Life Assured and the assistance of another person is required, and
 - the mental incapacity is Irreversible with no reasonable prospect of there ever being any improvement in the Life Assured's condition.

OR

2. Permanently unable to perform at least 3 Activities of Daily Living.

Motor Neurone Disease – resulting in Permanent symptoms

A definite diagnosis of Motor Neurone Disease by a consultant neurologist. There must be Permanent clinical impairment of motor function.

Multiple Sclerosis - with persisting symptoms

A definite diagnosis of Multiple Sclerosis by a consultant neurologist. There must be current impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Paralysis of limbs – total and Irreversible

Total and Irreversible loss of muscle function to the whole of any 2 limbs.

Stroke – resulting in Permanent symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in Permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Transient ischaemic attack.
- Traumatic injury to brain tissue or blood vessels.

Third degree burns – covering 20% of the body's surface area

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area.

Relevant Procedure

Aorta graft surgery – for disease

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft.

The term aorta includes the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair.
- Surgery following traumatic injury to the aorta.

Coronary artery by-pass grafts – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to correct narrowing or blockage of 1 or more coronary arteries with by-pass grafts.

Heart valve replacement or repair – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to replace or repair 1 or more heart valves.

Major organ transplant

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas.

For the above definition, the transplant of any other organs, parts of organs, tissues or cells is not covered.

Repatriation Benefit

The Benefit which is described in section B5 of this booklet.

Representative

The sales person, financial adviser, IFA, broker, Your agent or Your associate who arranged to submit the application on Your behalf to Us. Your Representative may also be a legal representative or the executor of Your estate.

Start Date

The date Your Policy started which is shown in Your Policy Schedule.

Single Life

See section B for definition and scope.

Term

A pre-determined period during which Premium payments are expected to be made, or a pre-determined period during which Benefit or Cover will be provided.

Term Critical Illness Cover

A classification of Critical Illness Cover as described in section B2.2.4 of this booklet.

Term Life Cover

A classification of Primary Life Cover as described in section B1.2.4 of this booklet.

Terms and Conditions

Means Our standard terms and conditions which are set out in this booklet, together with any additional terms and conditions included in Your Policy Schedule, as they may be amended by Us under section D19

Terminal Illness

An advanced or rapidly progressing incurable illness where, in the opinion of an attending consultant and Our chief medical officer, the life expectancy of the Life Assured is no greater than 12 months.

Unfit for Work

The temporary inability of the Life Assured to follow any Occupation for which that person is reasonably suited by training, education or experience.

Units

The Units into which a Fund is divided.

We or Us or Our

Means RL360 Insurance Company Limited, a member of the RL360° group of companies.

Waiver of Premium Benefit

The Benefit which is described in section B6 of this booklet.

Work

Being employed or self-employed for a period of at least 16 hours per week.

You or Your

Means the Policy Owner or Owners, where two Policy Owners are shown in Your Policy Schedule.

Issued by RL360 Insurance Company Limited. Registered Office:
RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.
Telephone: +44 (0)1624 681681. Telephone calls may be recorded.
Website: www.rl360.com. RL360 Insurance Company Limited is
authorised by the Isle of Man Financial Services Authority. Registered
in the Isle of Man number 053002C.

LP003f 10/16

You can count on us The logo consists of the letters 'RL' in a large, black, serif font, positioned above the number '360' in a large, red, serif font. A small red circle is located at the top right of the '0'.